

PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER

SUBJECT TO REAL ESTATE EXCISE TAX? YES ☐ NO ☒

NAME: Cliff Sears
Grant County PUD 2
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Ephrata, WA 98823

PHONE: (509) 754-6612

Copies scanned & e-mailed to Department of Revenue:

Date: _____

Initial: _____

Chg. Application *ROE/ROD* *Assignment*

☐ ASSIGNED (SEE BACK OF PAGE)

APP. NO. 10785	PERMIT NO. 10052	CERT. NO. G3-01590	CERT. OF CHANGE NO(S)
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GRANT/YAKIMA COUNTY **WRIA**
GRAN-11-13

36/40

WRTS No. CG3-01590C
ID No. 4923262

Superseding: 5239493

PURPOSE OF APPLICATION: Add 4 POWs & Change the Place of use

Date Application received: Aug. 29, 2011

Date fee received: _____

Amount: \$N/A

Statement of additional exam sent: _____

Date fee received: _____

Amount: \$ _____

Returned for completion or correction: _____

Received: _____

☒ Application mapped by: *Processed*

date: _____

PUBLICATION:

Newspaper: _____

OK'd by: _____

Date Notice Sent _____

Date Affidavit received: _____

Time expires: _____

Checked by: _____

Date: _____

☐ Protests: _____

☐ Fee rcvd _____

SEPA REQUIRED: **NO - EXEMPT**

Checklist requested by: _____ date: _____

note: _____

Checklist fwd to SEPA project manager by: _____

date: _____

FIELD EXAMINATION REQUIRED:

☐ YES

☐ NO

Examination by: _____ date: _____

☐ ROE map checked by: _____ date: _____

*Super. Cert. Issued
4-19-2012*

BC due: _____

BC rcvd: _____

ext: _____

CC due: _____

CC rcvd: _____

ext: _____

PA due: _____

PA rcvd: _____

ext: _____

PA FIELD EXAMINATION REQUIRED – DATE: _____

BY: _____

Date OK'd for CHANGE/TRANSFER: _____

By: _____

☐ Chg-ROE map checked by: _____

Date: _____

*Statement of Fee Sent: _____

Fee Received: _____

*Cert. Of Change ONLY

Date CHANGE ROE ISSUED: 1-11-12

No. G3-01590

Change/Transfer to be processed by Grant County Water Conservancy Board

ROD received:

11-28-11

45 day review period ends:

1-12-12

Review Period Extended to:

Ecy Decision Mailed:

1-11-12 + 1-18-12

Date mailed to interested parties:

☐ WDFW _____

☐ State DOH _____

☐ County DOH _____

☐ Tribe _____

☐ W²FO _____

☐ EhrataFO _____

☐ Other _____

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

☐ Mailed assignee copy of current App/ROE date: _____

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Assignment approved: _____

Assignee: _____

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Phone #: _____

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Date: _____

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